Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-11-2010</u>	Address:	5501 LANE RD
Case #:	<u>PO 10-119</u> D		WADESVILLE, IN
County:	Posey		<u>47638</u>
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Check all the Lithium Red Pho Flamma Water F Manhydre Hydrock Corrosir Corrosir	nd: Location (bedroom, kitchen, open at apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solven(s: Reactive Metal (Lithium): ous Ammonia: 3 GAL bloric Acid Gas Generator(s): ve Acid: ve Base: tem and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agen		Investigative Information Dephodrine/Pscudoephedrine Tracking Log Retail/Merchant Tip Other: <u>DISPATCII</u> Acies that serve the location:	
Fire Depart	ment; WADESVILLE	Fax:	
Health Department: POSEY COUNTY		Fax: Fax:	
Child Prote	ection Service:	raa.	-
	information regarding this methamph og Officer: G.R. BOYSTER Pho	etamine laboratory, e ne 812-307-0048	ontact

This form is to be faxed to the l'ire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.